

AMENDMENTS TO THE CLAIMS

1.-93. (Canceled)

94. (Withdrawn) A method for using a computer to facilitate E&M coding by a medical provider of a patient encounter comprising: A. inputting into the computer a code selecting An electronic template specific to a type of patient encounter; B. acquiring data prompted by the electronic template for the specific type of patient encounter for a specific patient encounter; C. inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter; D. outputting an audit of the inputted data acquired for the specific patient encounter; E. outputting a Preliminary E&M code; F. inputting into the computer modifying variables for the specific patient encounter; G. outputting a Final E&M code;

the method in which the step of inputting into the computer a code selecting an electronic template specific to a type of patient encounter further comprises: H. inputting into the computer a set of electronic templates and an electronic template menu;

and in which the step of acquiring data prompted by the electronic template for the specific type of patient encounter comprises: I. examining at least one aspect of the patient encounter,

and in which the step of inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter comprises: J. inputting into the computer data acquired from the examination of the at least one aspect of the patient encounter;

and in which the step of outputting an audit of the inputted data acquired for the specific patient encounter comprises: K. displaying and comparing the data inputted into the computer with the data required to be acquired, in examining at least one aspect of the patient encounter,

and in which the step of outputting a Preliminary E&M code comprises: L. displaying the data inputted into the computer and requiring the inputting of an acknowledgment of complete data acquisition and data inputting;

and in which the step of inputting into the computer modifying variables for the specific patient encounter comprises; M. identifying the modifying variables pertinent to the specific type of patient encounter; identifying the modifying variables pertinent to the specific patient encounter;

and in which the step of outputting a Final E&M code comprises: N. displaying the data inputted into the computer, requiring the inputting of an acknowledgment of complete data acquisition and data inputting, storing by means, the Final E&M code.

95. (Withdrawn) The method of claim 1 further comprising: A. the set of electronic templates comprising an electronic template for each type of patient encounter; requesting the electronic template menu; selecting by key stroke, mouse, touch pad or other menu selection means, the electronic template specific to the type of patient encounter; B. examining at the at least one aspect of the patient encounter, by one or a plurality of patient encounter entities, as prompted by the selected electronic template; C. displaying aid comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template and requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the at least one aspect of the patient encounter; D. displaying the data inputted into the computer and requiring the inputting of an acknowledgment of complete data acquisition and data inputting; and in which the step of inputting into the computer modifying variables for the specific patient encounter comprises; E. selecting the modifying variables pertinent to the specific patient encounter; inputting data representing the selected modifying variables into the

computer; F. displaying the data inputted into the computer, requiring the inputting of an acknowledgment of complete data acquisition and data inputting, storing by means, the Final E&M code.

96. (Withdrawn) The method of claim 2 in which the one or a plurality of patient encounter entities includes nurse station software interface, reception interface, check-in interface, check-out interface and provider interface.

97. (Withdrawn) The method of claim 2 in which the selection of the electronic template is from the group electronic templates for types of patient encounters including general multi-system examination; cardiovascular examination; ear, nose and throat examination; eye examination; genitourinary examination; hematologic/lymphatic/immunologic examination; musculoskeletal examination, neurological examination; psychiatric examination; respiratory examination; and skin examination.

98. (Withdrawn) A method for using a computer to facilitate E&M coding by a medical provider of a patient encounter comprising: A. inputting into the computer a code selecting one or a plurality of electronic template specific to one or a plurality of types of patient encounters; B. acquiring data prompted by the one or a plurality of electronic templates for the specific one or a plurality of types of patient encounter for a specific patient encounter; C inputting into the computer the data acquired for the one or a plurality of specific types of patient encounter for the specific patient encounter; D. outputting one or a plurality of audits of the inputted data acquired for the specific patient encounter; E. outputting one or a plurality of Preliminary E&M codes; F. inputting into the computer one or a plurality of modifying variables for the specific patient encounter; G. outputting one or a plurality of Final E&M codes;

the method of inputting into the computer a code selecting one or a plurality of electronic templates specific to one or a plurality of types of patient encounters further comprises: H. inputting into the computer a set of electronic templates and an electronic template menu; requesting the electronic template menu;

and in which the step of acquiring data prompted by the one or a plurality of electronic templates for the one or a plurality of specific type of patient encounter comprises: I. examining at least one aspect of the patient encounter,

and in which the step of inputting into the computer the data acquired for the one or a plurality of specific types of patient encounter for the specific patient encounter comprises: J. inputting into the computer data acquired from the examination of the at least one aspect of the patient encounter;

and in which the step of outputting one or a plurality of audits of the inputted data acquired for the specific patient encounter comprises: K. displaying and comparing the data inputted into the computer with the data required to be acquired, in examining at least one aspect of the patient encounter;

and in which the step of outputting one or a plurality of Preliminary E&M codes comprises: L. displaying the data inputted into the computer and requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting; and in which the step of inputting into the computer one or a plurality of modifying variables for the specific patient encounter comprises: M. identifying the one or a plurality of modifying variables pertinent to the one or a plurality of specific types of patient encounter; identifying the one or a plurality of modifying variables pertinent to the specific patient encounter;

and in which the step of outputting one or a plurality of Final E&M codes comprises: N. displaying the data inputted into the computer, requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting, storing by means, the one or a plurality of Final E&M codes.

99. (Withdrawn) The method of claim 5 further comprising: A. inputting into the computer the set of electronic templates comprising an electronic template for each type of patient encounter, selecting by key stroke, mouse, touch pad or other menu selection means, one or a plurality of electronic template specific to the type of patient encounter; B. examining the at least one aspect of the patient encounter by one or a plurality of patient encounter entities, as prompted by the one or a plurality of the selected electronic templates; C. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected one or a plurality of electronic templates and requiring the inputting of one or a plurality of acknowledgments of complete data acquisition and data inputting for the at the least one aspect of the patient encounter; D. selecting the one or a plurality of modifying variables pertinent to the specific patient encounter; inputting data representing the selected one or a plurality of modifying variables into the computer.

100. (Withdrawn) The method of claim 6 in which the one or a plurality of patient encounter entities includes nurse station software interface, reception interface, check-in interface, check-out interface and provider interface.

101. (Withdrawn) The method of claim 6 in which the selection of the one or a plurality of electronic templates is from the group electronic templates for types of patient encounters including general multi-system examination; cardiovascular examination; ear, nose and throat examination; eye examination; genitourinary examination; hematologic/lymphatic/immunologic

examination; musculoskeletal examination, neurological examination; psychiatric examination; respiratory examination; and skin examination.

102. (Withdrawn) The method of claim 6 in which the step of acquiring data prompted by the electronic template for the specific type of patient encounter comprises: A. conducting an examination of at least a history component, a physical component and a medical decision component, by one or a plurality of patient encounter entities, as prompted by the selected electronic template;

and in which the step of inputting into the computer the data acquired for the specific type of patient encounter for the specific patient encounter comprises: B. inputting into the computer data acquired from the examination of the at least a history component, a physical component and a medical decision component for the patient encounter;

and in which the step of outputting an audit of the inputted data acquired for the specific patient encounter comprises: D. displaying and comparing the data inputted into the computer with the data required to be acquired, for the at least a history component, a physical component and a medical decision component for the patient encounter, as prompted by the selected electronic template and requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the at least a history component, a physical component and a medical decision component of the patient encounter; E. outputting a Preliminary E&M code; F. inputting modifying variables; G. outputting a Final E&M code.

103. (Withdrawn) The method of claim 9 in which the step of acquiring data prompted by the electronic template for the at least a history component comprises: A. taking, at a patient encounter, the Chief Complaint/History of Present Illness(CCHPI); taking the Past Family Social History(PFSH) and making a Review of Systems(ROS);

and in which the step of acquiring data prompted by the electronic template for the at least a physical component comprises: B. conducting a physical exam;

and in which the step of acquiring data prompted by the electronic template for the at least a medical decision component comprises: C. making a data evaluation; making a diagnosis; making a risk assessment;

and in which the step of inputting into the computer the data acquired from the examination of the at least a history component: D. inputting the data of the taking of the CCHPI; inputting the data of the taking of the PFSH, inputting the data of the making of the ROS;

and in which the step of inputting into the computer the data acquired from the examination of the at least a physical component: F. inputting the data of the making of the physical exam;

and in which the step of inputting into the computer the data acquired the examination of the at least a medical decision component: H. inputting the data from making the data evaluation; inputting the data from making the diagnosis; inputting the data from making the risk assessment;

and in which the step of outputting an audit of the data for the at least a history component: I. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a history component from the taking of the CCHPI; for the taking of the PFSH; and for the making of the ROS; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the taking of the CCHPI producing a CCHPI Code Level; for the taking of the PFSH producing a PFSH Code Level; and for the making of the ROS producing a ROS Code Level;

and in which the step of outputting an audit of the data for the at least a physical component: J. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a physical component from the making of the physical exam; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the making of the physical exam producing a physical code level;

and in which the step of outputting an audit of the data for the at least a medical decision component: K. displaying and comparing the data inputted into the computer with the data required to be acquired as prompted by the selected electronic template, for the at least a medical decision component from the making of the data evaluation; from the making of the diagnosis, and from the making of the risk assessment; requiring the inputting of an acknowledgment of complete data acquisition and data inputting for the making of the data evaluation producing a data evaluation code level, for the making of the diagnosis producing a diagnosis code level, and the making of the risk assessment producing a risk assessment code level; from the making of the physical exam producing a physical code level;

and in which the step of outputting a Preliminary E&M code comprises: L. combining the CCHPI code level, the PFSH code level and the ROS code level producing the Lowest Code Level and the History Code Level; combining the data evaluation code level, the diagnosis code level and the risk assessment code level producing the Level of Highest Two Code Levels and the Medical Decision Code Level; combining the History Code Level, the Physical Code Level and the Medical Decision Code Level producing the Patient Encounter Category; selecting from the Patient Encounter Category the Lowest of 3 Code Levels or the Highest Two Code Levels producing the Preliminary E&M code.

104. (New) Apparatus for gathering medical information regarding a patient and generating a billing code related to that information, including:

electronic means including:

a prompting means to repeatedly generate real-time prompts for various information including medical services being provided; and

a recording means for recording the information,

wherein said real-time prompts include:

a guiding means for guiding a physician-during an interaction with a patient and a reminding means to remind the physician-regarding specific points of inquiry relevant to further examination of the patient, and

a soliciting means to solicit underlying information regarding the details of the medical service being provided, said underlying information being usable for calculating a medical service code based upon said underlying information, said underlying information being necessary for determining and supporting the medical services code for purposes of the physician eventual billing for the services;

the electronic means further including:

a processing means for calculating intermediate values based on said recorded information; and

a processing means for using said intermediate values to generate said billing code.

105. (New) The apparatus of Claim 104, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the entering and recording of the patient information in real time.

106. (New) A method for gathering a patient's data and using that data in generating a billing code, including the steps of:

providing an electronic computer for implementing the steps of:

generating real-time prompts to prompt an information gatherer interacting with a patient to gather information that at least includes information relevant to calculating the billing code, said computer prompts including:

guiding the information gatherer during said interaction with the patient and

reminding the information gatherer regarding specific points of inquiry relevant to further examination of that patient;

soliciting underlying information usable for calculating a description of medical service, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

obtaining and recording that information;

repeating said prompting, obtaining, and recording steps; and

electronically calculating a desired billing code from said gathered data.

107. (New) The method of Claim 106, further including a step before said billing code calculation, said further step comprising electronically calculating an intermediate value for some subset of the data recorded for the patient.

108. (New) The method of Claim 106 or 107, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, said recording step involving entering the patient information in real time via said touch screen interface.

109. (New) The method of Claim 106 or 107, in which said step of calculating a billing code calculates an appropriate code from the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

110. (New) A method of calculating a medical billing code that complies with the requirements of the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services), including the steps of:

- (a) providing an electronic computer or scannable form;
- (b) generating real-time prompts for prompting an information gatherer interacting with a patient to gather information via said electronic computer or said scannable form to gather information;
- (c) gathering information that at least includes information relevant to calculating the billing code;
- (d) guiding said information gatherer during said interaction with the patient;
- (e) reminding said information gatherer regarding specific points of inquiry relevant to further examination of that patient; and
- (f) soliciting underlying information usable for calculating a description of the medical services being provided rather than said prompts soliciting said information gatherer for the description itself of the medical services, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the

patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

(g) obtaining and recording that information into said electronic computer or said scannable form;

repeating steps (a)-(g); and

electronically calculating a desired billing code from said gathered data.

111. (New) The method of Claim 110, in which said electronic computer is provided in the form of a handheld computer with a touch screen interface, and said recording step involving entering the patient information in real time into said electronic computer via said touch screen interface.

112. (New) An integrated electronic system for conducting a medical interview of a patient and contemporaneously compiling medical data and calculating an appropriate Evaluation and Management billing code based on that interview, including:

electronic means including:

a prompting means for generating real-time prompts to prompt an interviewer to make a series of inquiries for eliciting corresponding responses from the patient during a patient encounter, said series of inquiries and said corresponding responses including at least sufficient details to support billing requirements imposed by payer mandates, said series of inquiries including individual data elements needed to calculate or derive the Evaluation and Management billing code,

said prompting means further including:

a calculating means for calculating further prompting for inquiries regarding the patient using at least some of the preceding responses;

a guiding means for guiding the interviewer during said interaction with the patient;

a reminding means to remind the interviewer regarding specific points of inquiry relevant to further examination of that patient; and

a soliciting means to solicit underlying information usable for calculating a description of the medical services being provided, said underlying information comprising details of a patient history, details of a patient examination and/or details of medical decision making regarding a patient diagnosis, details of medical tests to describe, diagnose and/or treat the patient, information used for clinical research, information used for quality assurance, and/or information used to compile patient care data base information;

the electronic means further including:

a recording means for recording responses regarding the patient or other information regarding the prompted inquiry; and

a calculating means for calculating the Evaluation and Management billing code which meets the billing requirements imposed by said payer mandates, said billing code based on information recorded from the medical interview;

the integrated electronic system further including:

data forms for collecting and storing data from said patient encounter, said data comprising responses regarding the patient, user responses to said prompts for said description and/or information, and user generated text information based in part on said patient encounter;

a timer for tracking total patient encounter time and total patient counseling time during said patient encounter, and an algorithm for comparing total patient encounter time and total patient counseling time, and determining said billing code based upon said comparison; and

a data storage and access means for storing said data from said patient encounter having:

codes representative of at least one of billing, procedure, and documentation requirements;

an algorithm for linking, comparing, and computing said collected data with said requirement codes; and

a resultant code based in part on said linked, compared, and computed data.

113. (New) Apparatus for electronically calculating an appropriate United States Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) billing code based on a medical examination of a patient, including:

electronic means for recording information gathered during the medical examination to support billing requirements imposed by HCFA (CMS);

electronic means for automatically determining, based upon said gathered information, intermediate HCFA (CMS) code values for sub-parts of the examination; and

electronic means for automatically determining, based upon said gathered information, an appropriate final HCFA (CMS) billing code from the intermediate HCFA (CMS) code values.

114. (New) Electronic apparatus for use in connection with an encounter between a medical practitioner and a patient, comprising:

electronic means for prompting the medical practitioner regarding data to be obtained from the patient regarding patient care and corresponding Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS)) billing codes, said data including the individual data elements needed to calculate and derive the final billing code based on billing requirements imposed by HCFA (CMS), said data constituting specific details about the patient encounter other than raw codes;

a data storage and access means for storing said data from the patient and providing access to:

a menu section comprising at least one of history, physical examination, and medical decision making questions, said menu section related to said means for prompting the medical practitioner;

payer mandated requirement codes;

scores based in part on results from responses to said menu section;

an algorithm for linking and processing said requirement codes with said scores; and

a resultant code based in part on said linked and processed requirement codes and scores.

115. (New) The apparatus of Claim 114, wherein said payer mandated requirement codes are Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

116. (New) The apparatus of Claim 114, further comprising a timer for timing total time and patient counseling time during said encounter.

117. (New) The apparatus of Claim 114, further comprising software for enabling a user of said apparatus to self-generate questions in any particular order.

118. (New) The apparatus of Claim 114, further comprising option for noting dictation and for later including said dictation with said stored data.

119. (New) The apparatus of Claim 114, further comprising at least one of history score, physical examination score, and medical decision making score.

120. (New) The apparatus of Claim 114, further comprising a final score, based at least in part on said history score, physical examination score, and medical decision making score.

121. (New) The apparatus of Claim 114, further including dictated and/or free form text information, said information based at least in part on said responsive data.

122. (New) The apparatus of Claim 121, further including a final text version comprising responses to at least one of said history, physical examination, and medical decision making questions and said dictated and/or free form text information for at least one of said history, physical examination, and medical decision making questions.

123. (New) Apparatus for compiling medical data and generating claims consistent with payer mandates, comprising:

electronic means for displaying topics of inquiry for use with a patient during a patient encounter, said topics of inquiry including at least sufficient details to support billing requirements imposed by said payer mandates, said topics of inquiry including individual data elements needed to calculate or derive the final billing code based on billing requirements imposed by Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS));

data forms for collecting and storing data from said patient encounter, said data comprising patient responses and user generated text information based in part on said patient encounter;

a storage and access medium having:

codes representative of at least one of billing, procedure, and documentation requirements;

an algorithm for linking, comparing, and computing said collected data with said requirement codes; and

a resultant code based in part on said linked, compared, and computed data.

124. (New) The apparatus of Claim 123, wherein said resultant code is an evaluation and management code to be used in a claim and for submitting to a payer.

125. (New) The apparatus of Claim 123, further comprising a timer for tracking total time and patient counseling time during said patient encounter, and algorithm for computing the percent of total time used for counseling.

126. (New) The apparatus of Claim 124, wherein said requirement codes are Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

127. (New) The apparatus of Claim 123, wherein said requirement codes are insurance requirement codes.

128. (New) The apparatus of Claim 124, 125, 126, or 127 wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

129. (New) A medical electronic device for facilitating patient inquiries, for collecting and storing responses to said inquiries, and for generating documentation and claim requirements, said device comprising:

an electronic means for prompting a user with questions and inquiries and

a storage and access medium for storing responses and free text information, the storage and access medium including:

medical charts having at least one of history, physical examination, and medical decision making information;

software configured for storing Health Care Financing Administration (now known as Centers for Medicare and Medicaid) codes, and for linking said responses with said Health Care Financing Administration (Centers for Medicare and Medicaid Services) codes; and

a resultant code based in part on said linked responses.

130. (New) A process for generating documents, records, and codes in compliance with government or health insurance mandates, said process including the steps of:

(a) providing a database of procedure and treatment requirements;

(b) using at least one electronic input device to gather information regarding a patient based at least in part on information in said database and at least in part on one of history, physical examination, and medical decision making inquiries;

(c) calculating scores, said scores are based in part on said requirements and related to billing codes and said gathered information;

(d) electronically linking said gathered information, said requirements, and said scores for processing;

(e) processing said linked information with an algorithm to compute a final score;

(h) providing a copy of said final score and other gathered information; and

(i) submitting said copy to a government or a health insurance entity for payment.

131. (New) The apparatus of Claim 104, 112, or 113, wherein said electronic means comprises at least one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable paper forms.

132. (New) The method of Claim 106 or Claim 107 or Claim 108 or Claim 109 or Claim 110 or Claim 111, wherein said electronic computer is at least one of desktop computer, computer

terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, and scannable forms.

133. (New) The system of Claim 112, further including at least one scannable form for prompting inquiries.

134. (New) The apparatus of Claim 114, 115, or 123, further including at least one scannable form for prompting inquiries.

135. (New) The apparatus of Claim 104 or 113, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time, and determining said billing code based upon said comparison.

136. (New) The method of Claim 106 or 110, wherein said billing code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

137. (New) The system of Claim 112, wherein the resultant code is based at least in part on comparing a total patient encounter time and a total patient counseling time.

138. (New) The apparatus of Claim 114, 115, 123, or 124, wherein said data includes patient counseling information and patient care information.

139. (New) The method of Claim 106, 107, or 110 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

140. (New) The device of Claim 129, wherein said information includes patient counseling information and patient care information.

141. (New) The electronic system on Claim 112, further including inquiries relating to history, physical exam, and medical decision making, and algorithm for computing said billing code based in part on said history, physical exam, and medical decision making inquiries.

142. (New) The apparatus of Claim 104, in which at least some of said repeated prompting is determined by previous information recorded.

143. (New) The method of Claim 106, in which at least some of said repeated prompting is dependent on previous data gathered from the patient.

144. (New) The system of Claim 112, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) requirements.

145. (New) The system of Claim 112, where said billing code is based on billing requirements imposed by the United States Health Care Financing Administration (now known as Centers for Medicare and Medicaid Services) codes.

146. (New) The system of Claim 112, in which said electronic means comprises a handheld computer with a touch screen interface, said interface facilitating the recording of the patient information in real time.

147. (New) The system of Claim 112, further comprising software for enabling a user of said system to self-generate questions in any particular order.

148. (New) The system of Claim 112, further including communicating means including a final text version comprising said stored data and/or dictated text and/or free form text for at least one of said details of a patient history, details of a patient examination, and details of medical decision making regarding a patient diagnosis.

149. (New) The system of Claim 112, further including at least one scannable or electronic form for gathering information about patient history from or on behalf of the patient.

150. (New) The method of Claim 106, further including storing said underlying information, and using said stored information for clinical care, quality assurance, and/or research purposes.

151. (New) The system of Claim 112, further including storing said underlying information, and using said stored information for clinical care, quality assurance, and/or research purposes.

152. (New) The system of Claim 112, wherein said electronic means comprising one of desktop computer, computer terminal, laptop computer, handheld computer, handheld device, voice recognition device, voice recognition software, handwriting recognition device, or hand writing recognition software.

153. (New) The system of Claim 112 further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

154. (New) The apparatus of Claim 113, 114, or 129, further including storing patient counseling information and patient care information, and using said stored information for billing, historical tracking and analyzing.

155. (New) The apparatus of Claim 113, 114, or 129, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) requirements.

156. (New) The method of Claim 106, 107, or 110, further including: computer-readable patient-administered information forms for obtaining certain data related to patient care or to Health Care Financing Administration (HCFA) (now known and Centers for Medicare and Medicaid Services (CMS)) requirements.

AMENDMENTS TO THE SPECIFICATION

Please amend the specification at page 4, beginning at line 6, as shown here:

The Health Care Financing Administration (HCFA) (now known as Centers for Medicare and Medicaid Services (CMS and/or CMMS)) a branch of the United States Department of Health and Human Services, in keeping with this trend, has published, in conjunction with the American Medical Association, a list of detailed requirements for billing at various levels.

Please amend the specification at page 10, beginning at line 10, as shown here:

Finally, the present invention differs from its predecessors in that it explicitly combines the HCFA (CMS) regulations into the broader set of all the history, physical examination, and patient care items that might be part of a given patient evaluation.

Please amend the specification at page 11, beginning at line 11, as shown here:

The invention includes questions that need to be asked in order to review the general medical state of the individual, includes items required under the HCFA (CMS) documentation scheme, and includes methods for incorporating and identifying items that might be required by other payers or documentation schemes.

Please amend the specification at page 12, beginning at line 12, as shown here:

When the user indicates that something is to be added, the invention also indicates how the added dictation or note fits into the HCFA (CMS) (or other required) scheme.

Please amend the specification at page 13, beginning at line 4, as shown here:

As indicated above, the invention goes through all of the items that are important for documenting compliance with HCFA (CMS) regulations. The information entered is used to help determine and justify the billing level for the individual patient encounter. Where made necessary by HCFA (CMS) or other regulations, it asks the physician questions needed to justify a given level of billing. It provides all the information necessary for the computer to determine what the appropriate billing level might be and also provides the information needed to justify that level of billing. This is important because the new HCFA (CMS) rules both are detailed and are complicated to apply accurately in a patient encounter setting. On the other hand, the rationale behind the system is reasonable. It is that different kinds of encounters take different amounts of time and intellectual effort and therefore should be compensated differently. Because its simple design allows denoting findings quickly, the invention can be used when there are time pressures. The invention does the same for any other third party regulation or documentation requirement.

The rationale for this aspect of the invention is the following. The HCFA (CMS) scoring system is complex, but it can be reduced to an algorithm.

Please amend the specification at page 16, beginning at line 3, as shown here:

The discussion above emphasizes the use of this in documenting compliance with the HCFA (CMS)/AMA documentation guidelines (DG).

Please amend the specification at page 26, beginning at line 3, as shown here:

Clinicians, practices, or institutions then could, for example, inquire to HCFA (CMS) regarding specifics of their coding, and easily change the coding rules to accommodate HCFA (CMS) rulings. Similarly, if the rules change, the algorithm can change the coding, and resultant billing, which occurs, either for future patient encounters, or retroactively.

Please amend the specification at page 27, beginning at line 20, as shown here:

The invention includes multiple timers to allow appropriate determination of the time of the visit, and of the counseling activities, as required by certain HCFA (CMS) regulations and also potentially needed for time-and-motion documentation of a health care worker's activities. It also facilitates documentation of the counseling itself.

Please amend the specification at page 31, beginning at line 11, as shown here:

A feature of the data base design within the invention is the following. The DG may change, or there may be a reinterpretation of the DG by HCFA (CMS) with a request that billing be recalculated based upon the new DG.